

Equal Start Community Coalition

October 16, 2012

The Health Benefits Exchange Must Make Equity a Guiding Principle

The Equal Start Community Coalition (ESCC) is a collaboration that promotes healthy mothers, healthy families and healthy communities. ESCC enjoys diverse membership from many community organizations dedicated to a mother's and a baby's health. We bear unfortunate witness to one of the greatest tragedies in our healthcare system: the broad and unacceptable disparities in infant mortality in this state and across the nation. These tragic gaps have not really changed for decades and they say something very troubling about how we value our fellow Washingtonians today and how we treat our future. For these reasons it is imperative that healthcare decisions moving forward take equity face-on. Our unacceptable and unchanging gaps will only improve when we address every decision, every program development step, with an eye toward improving equity. Considering the important role the Health Benefits Exchange will have on our healthcare system, ESCC feels the exchange is obligated to adopt equity as a guiding principle.

Infant mortality, the rate of death of infants in their first year of life, is 2.5 times higher for American Indians and Alaska Natives in this state compared to non-Hispanic Whites. This sobering truth says something about the health and support a woman receives before she gets pregnant, the quality of care she receives during pregnancy, and the equity of care a baby receives from day one. This sad truth is a measurable means for comparing part of our healthcare system to the rest of the world. And in this regard we see just how unacceptable our rates of infant mortality are compared to even the ranks of underdeveloped and developing countries.

Unfortunately, infant mortality is by no means the only health indicator for which there are broad inequities. In 2002 the Institute of Medicine published the report titled 'Unequal', which delineated ways in which inequities suffused every aspect of health for people in this country. This summer, the Washington State Health Care Authority provided a report to the Legislature on child health services. Among its key findings the reported noted the following:

'For all measures reported by race/ethnicity, strong differences were observed. The patterns of racial/ethnic disparities varied for measures related to pregnancy and delivery and those related to infant and child health service use. For pregnancy and delivery measures, those for white women tended to be most favorable and those for American Indians/Alaska Natives and Hawaiian/Pacific Islanders tended to be least favorable. For child health services measures,

those for Asian children tended to be most favorable, and those for American Indian/Alaska Natives tended to be least favorable. For some measures, the differences by race/ethnicity were quite striking.'

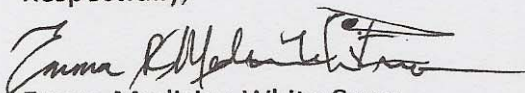
These disparities tended to be even worse in King County, which represents a majority of the area of current focus for ESCC. We see the real life impact of this data every day. Our members who are outreach workers and maternity support service staff see the incredible challenges people face in trying to obtain needed services. They witness the many times moms are treated in a disrespectful and disparaging manner, the lack of trusted and culturally relevant care providers, and the many obstacles that are especially burdensome to under-empowered sectors of our society. ESCC members hear the stories that families tell of inequitable healthcare services that are a result of a system that, often unwittingly, but clearly and decidedly, reinforces or expands the sad gaps in outcomes. We bear unfortunate witness to the further undermining and weakening of communities as these inequities persist or grow.

As stakeholders in the work that the Health Benefits Exchange is doing, in addition to other entities in the healthcare delivery system, ESCC implores you to make equity a guiding principle in your work. Equity cannot be achieved when it is a side issue, a tangent, or a hoped-for side effect of system development. Unfortunately, equity does not happen thanks alone to good hearts and good intentions operating without equity as a direct and forthright goal.

Equity can be achieved when it is a stated goal, a principle by which the broader processes are guided, and an analytic measure through which all decisions are tested. Equity must exist as a driving motivator for work at every level of the exchange, from advisors, to staff, to leadership including the board. ESCC sees equity as a fundamental value this country is built on. We expect that anyone involved with healthcare would be extremely troubled by the current and longstanding state of inequities. The Health Benefits Exchange must make equity a guiding principle.

ESCC will continue to watch the development and deliberations of the exchange closely. We will continue to strive to bring the voice of communities to your efforts and will help inform communities of your progress.

Respectfully,



Emma Medicine White Crow

Executive Committee Member, Equal Start Community Coalition
Chair, Governor's Interagency Council on Health Disparities